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**** CONTINUING DATA *******
 This application is a CIP of 60/256,540 12/18/2000
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**** FOREIGN APPLICATIONS *******

IF REQUIRED, FOREIGN FILING LICENSE GRANTED SMALL ENTITY ****
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Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CA	SHEETS DRAWING 16	TOTAL CLAIMS 41	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>Kidney</i> Initials: <i>KL</i>				

ADDRESS
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TITLE
 Network node with multi-medium interfaces

FILING FEE RECEIVED 559	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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